

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/832,753
Filing Date	10 Apr 2001
First Named Inventor	Topolovac, Michael
Group Art Unit	2162
Examiner Name	Cam Y. T. Truong
Attorney Docket Number	OPEN-001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	July 10, 2006

ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Topolovac, <i>et al.</i> Application No.: 09/832,753 Filed: April 10, 2001 Title: SYSTEM AND METHOD FOR MANAGING DATA IN MULTIPLE BILLS OF MATERIAL OVER A NETWORK	Group Art Unit: 2162 Examiner: Cam Y. T. Truong
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TRANSMITTAL: RESPONSE TO OFFICE ACTION (AFTER FINAL)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response (**after final**) to an office action for the above referenced application. Included with the response are:

_____ drawing(s);

X Request for Continued Examination (RCE) under 37 CFR 1.114, and associated fee;

This application has:

X a small entity status. If a claim for such status has not earlier been made, consider this as a claim for small entity status.

_____ No additional fee is required.

X Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

_____ Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

- one months (\$55) _____ two months (\$205)
- three months (\$465) _____ four months (\$725)

If an additional extension of time is required, please consider this as a petition therefor.

X A credit card payment form for the required fee(s) is attached.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

X Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.

X Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

July 10, 2006
Date

/Dov Rosenfeld/ #38687
Dov Rosenfeld, Reg. No. 38687

Address for correspondence:
Dov Rosenfeld
5507 College Avenue, Suite 2,
Oakland, CA 94618
Tel. 510-547-3378; Fax: +1-510-291-2985

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